

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000105860

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** HOMESTEAD DENTAL PRACTICE MANAGEMENT, LLC

**Current Principal Place of Business:**

13195 S.W. 134TH STREET, 2ND FLOOR  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

13195 S.W. 134TH STREET, 2ND FLOOR  
MIAMI, FL 33186

**New Mailing Address:**

**FEI Number:** 26-3838966

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INTERAMERICAN CORPORATE SERVICES LLC  
2525 PONCE DE LEON BLVD.  
SUITE 1225  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** TOWNCARE DENTAL PARTNERSHIP, INC.  
**Address:** 13195 SW 134TH STREET, 2ND FLOOR  
**City-St-Zip:** MIAMI, FL 33186

**Title:** MGRM  
**Name:** OPG EQUITY, LLC  
**Address:** 13195 SW 134TH STREET, 2ND FLOOR  
**City-St-Zip:** MIAMI, FL 33186

**Title:** MGRM  
**Name:** CHIU, GORDON DDS  
**Address:** 13195 SW 134TH STREET, 2ND FLOOR  
**City-St-Zip:** MIAMI, FL 33186

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** TOWNCARE DENTAL PARTNERSHIP, INC.

MGRM

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date